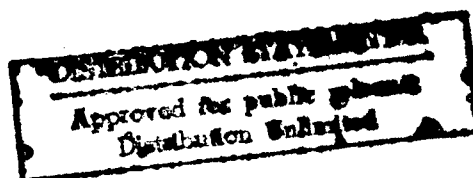


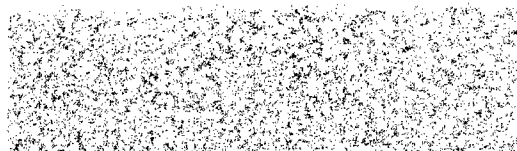


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JPRS Report



Epidemiology



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INTER-AFRICAN

Depopulation in Middle Africa by AIDS Feared

54000040 Pretoria *DIE AFRIKANER* in Afrikaans
7 Dec 88 pp 3, 11

[Article: "Depopulated Middle Africa Just Around the Bend"]

[Text] The peoples of the black nations that lie between the equator and the borders of South Africa are now headed irreversibly down the path of extermination from AIDS. By the end of the century, the process will have advanced to the point where measurable populations will still survive in only a very few of those countries.

Inasmuch as a power vacuum cannot long continue to exist, it is feared that a new colonialism will develop in Africa. India may only be awaiting the favorable moment to unload millions of its people on East Africa, giving rise to one enormous Indian empire on either side of the Indian Ocean. A communist reaction to the coming power vacuum, focused on Africa's minerals, is a certainty as well.

The speed with which death is overtaking the black peoples appears from the data published by the director of the American AIDS Research Center for the USA and Africa, Chester Nagle.

The USA is keeping the spread of AIDS in Africa under the close observation of a large team of experts who work out of the American Air Force Base at Kamina in Zaire. American projects in a depopulated Middle and East Africa are still unclear.

According to several scientists, the AIDS virus, HIV, is a man-made epidemic that resulted from the crossing of certain existing viruses at an American research institution in Maryland and arrived in Africa by some unknown means. The World Health Organization had already planned such an experiment in 1972, as part of a cancer research project in which something must have gone wrong. Allegations have been made that a communist physician from Poland, who had become head of the blood bank of New York, played a role in the organized spread of the epidemic, awakening suspicions that the Russians wanted to test the potential of the virus in germ warfare. The Russians, for their part, blamed the USA, alleging that the AIDS virus was originally intended as an American biological weapon.

Be that as it may, the origin of the virus is now an academic matter. The greatest immediate task currently facing research scientists in the various nations is to establish with precision how swiftly the epidemic is spreading.

The statistics that the African countries themselves provide are worthless. An American researcher has consequently developed an "iceberg" method which calculates

the actual appearance of AIDS on the basis of random testing that determines the proportion of reported cases, the number of persons who show the symptoms and of carriers who infect others. The extent of the whole iceberg is then estimated on the basis of the few bits of data that "emerge above the surface of the water," which can be gathered by means of random test samples. According to that method, by the middle of 1987 between 5 and 10 million carriers had already surfaced, while the time it took for the number of carriers to double had shrunk to 8 months.

Gerd Frosner, a Munich virologist, calculates that half of the population of the entire continent of Africa will have perished by the year 2000 if a vaccine is not developed; but according to most experts this is a practical impossibility.

Malawi, Uganda, Zambia and Zaire are the worst affected, says Nagle, followed by Zimbabwe, Angola, Mozambique, Tanzania, Burundi and Rwanda, Kenya, Burkina Faso and the Republic of Congo. In West Africa, the malady is now beginning to make its appearance.

Estimates for 1989 place the rate of infection in Burundi at 40 percent; in 1987 as much as 18 percent of Rwanda's population had been infected, and there is even considerable secondary infection, whereof 35 percent of the official cases are children. In Uganda 70 percent of pregnant women who were tested in the hospital were infected. Entire villages have evidently been exterminated. In Zaire, parts of the rain forest and the eastern mountain regions are already largely depopulated. In January 1986 a random sample showed that 33 percent of the population was infected. In Zambia next year 70 percent of the population will be infected, according to expectations. The percentage in the Zambian army has already passed the 50-percent mark. Things are less clear as regards Zimbabwe, but it is assumed that they are not much better than in Zambia.

Inasmuch as infected persons show the symptoms of the disease anywhere from a few weeks to 10 years after their infection, the extermination of a major segment of the population of the black nations is a foregone conclusion. The apparent constantly doubling incubation period of 8 months will leave very few uninfected persons within a few years.

ETHIOPIA

Legal Protection Urged for AIDS Carriers

54000049b Addis Ababa *THE ETHIOPIAN HERALD*
in English 25 Dec 88 p 5

[Text] In their statements on AIDS, many doctors, sociologists and psychologists defined this disease as the pestilence of the century which raised a host of other problems, besides the purely medical ones. Due to ignorance and prejudice, society tends to isolate the AIDS-infected on various grounds. The latter's response: suicide, intentional

infection of others or aggression. Their families were just as unhappy, torn between fear and duty. A possible infection, particularly during surgery, proved a challenge to doctors, too.

How can virus carriers be guaranteed the right to work, and confidentiality? How can we instill hope into the diseased and a tolerance towards them?

Through a series of immediate legal, psychiatric and prophylactic measures. We should have a legislation protecting the right to work (moreover, virus carriers have a latent infection and do not necessarily develop the disease). People should be liable for a breach of confidentiality. Medical teams should include psychiatrists, too, who should help the diseased and their families to adjust. These measures should be adopted immediately, for the AIDS pandemic has only just broken out; we have no precise idea of its present scope and the future could bring a large number of terminal cases with all their medical, social, legal and other problems.

Doctors, psychiatrists, sociologists and lawyers should pool their efforts in the drive against what has been defined as the plague of the 20th century, AIDS even has its political aspects, too. In Switzerland, we have a monthly symposium of doctors and politicians. Prophylaxis is of utmost importance. Young people's attitudes have changed, too—this is the end of the permissive society.

How should we treat people who infect others deliberately? I have read of such a case in Czechoslovakia—the man was convicted of inflicting grievous bodily harm, due to the lack of a special article in the law dealing with such cases. In Belgium, however, the defendant was simply set free, because no legal action could be taken against him. One girl who had tested positive tried to infect her flat mates while they were asleep, by pricking them with a pin she had dipped in her own blood, and then tried to commit suicide—how should we treat this case? Evidently, AIDS has bred a host of entirely new problems.

Doctors should break the news carefully to patients. They should concentrate on diagnosing their social environment, treating distress and inspiring hope. The psychiatric treatment of AIDS patients will improve in time. Medical staff need a special therapy, too, to overcome then fear of infection and motivate confidentiality.

KENYA

3,276 AIDS Cases Reported Throughout Nation
54000048b Nairobi DAILY NATION in English
2 Dec 88 pp 1,36

[Otula Owuor]

[Text] AIDS cases in Kenya reached 3,276 in August, according to official figures.

Dr F. Mueke the national coordinator of the AIDS control programme, told the NATION yesterday that in June 2,732 cases had been reported and this increased by 544 in two months.

During the World AIDS Day yesterday, Dr Mueke said the rate of increase may mean that the country may have over 4,000 cases. But he cautioned that the rate of increase may drop drastically or rise. We just have to deal with the actual figures, he added.

Dr Mueke said Nairobi, Kisumu, Mombasa and Nakuru had the largest concentration of the disease. But people in rural areas should not relax or assume that they are safe from the disease, he said.

Acquired Immune Deficiency Syndrome, AIDS is now a gazetted disease which must be reported to the director of medical services and this helps the country monitor its trend, he said.

Another member of the National AIDS committee, Dr Ndinya Achola said that not all children born to mothers with AIDS carry the virus. "Up to 50 per cent of them may test positive for AIDS virus antibodies but after six to eight months some test negative meaning that they in fact only have HIV (human immunodeficiency virus) antibodies from the mother but not the virus."

Dr Achola, a microbiology lecturer at the University of Nairobi Medical School said that only 25 per cent of children born to mothers with AIDS have the virus.

Dr Achola said it was safe for mothers with AIDS to breastfeed. "Although the AIDS virus may be in the breastmilk, its transmission through breast feeding has not been confirmed."

Breastmilk is best for baby and HIV positive mothers should continue to breastfeed and to discuss the problem with doctors, he said.

The head of the microbiology at the Kenya Medical Research Institute, who was with a virologist, Dr Paul Kwambo, told the NATION that African AIDS patients seem to die faster than those in the west. He said this may be due to a more virulent AIDS strain.

The World AIDS Day started with prayers at the offices of the National Aid Control Programme.

After the prayers, the World Health Organisation representatives in Kenya, Dr Marcella Davies, handed over the new office to Mr Mwai Kibaki the Minister for Health.

Dr Davies called for co-operation to fight the spread of the disease, saying AIDS did not know borders, race, or social status.

At KICC, music on the dangers and prevention of AIDS was provided by Them Mushrooms and The Kariokor Nvavo choir.

Dr Davies said that between five and 10 million people could be carrying the AIDS virus.

Many people watched the continuous video films on the disease.

Church Criticizes Use of Condoms in AIDS Fight
5400048a Nairobi SUNDAY NATION in English
4 Dec 88 pp 6-7

[Text] The whole world has clung on to the condom as the only saviour from AIDS since the disease was diagnosed eight years ago. Despite spirited efforts by scientists, the AIDS cure has proved elusive. With this backdrop of events, in North America, Europe and Japan, condoms are selling like—if not better than—hot cakes. In many Third World countries such as Kenya, use of condoms is picking up in proportion to the growing fear of the killer disease.

While many people in the medical field considered the condom the lifecord of a society faced with extinction, the church wrung its hands cautiously. With the increasing publicity on the disease, the Press prodded the church to come up with their stand on various issues concerning the disease.

As the disease took its toll—expected to reach the one million mark worldwide by 1991—individual clergymen took it upon themselves to say something about the disease. But it was only early this month when the Catholic Church issued a concrete statement on its stand on AIDS, especially in connection with the use of condoms to curb its spread.

The reference came during one of Pope John Paul's toughest stand ever against artificial birth control. Though here the condom was not being used to avoid conception, the Pope bluntly said that "no personal or social circumstance" could justify the use of contraceptives—apparently a reference to the controversy over whether condoms should be used to guard against AIDS.

Last year, the sharp division—among the United States Catholic Church hierarchy—over a statement supporting public education in the use of condoms to prevent the AIDS spread clearly reflects the different reactions that are bound to crop up from the Pope's statement. But the Vatican does not show signs of compromise. The Church's ban on artificial birth control is based on the teaching that anything that blocks the natural transmission of life is not permissible.

"Considering the large number of Catholics all over the world, the Pope's word will, no doubt, be a major set-back to efforts to contain the disease," a Christian doctor at a non-Catholic Church hospital in Meru told

the SUNDAY NATION. He lamented that whereas the Catholic Church has come out categorically against condoms, they have not given an alternative.

Basing his arguments on a research in Nairobi in 1985, the doctor said there was need to tackle social problems such as AIDS in the light of the situations they occur in.

"If we know that the youth are involved in sexual relationships which we can't stop, why should we let them die when we can prevent it and perhaps salvage their lives for the Lord?"

When a team of doctors led by M. Bosire, L. J. D. Costa, J. O. Ndinya-Achola, E. N. Ngugi and F. A. Plummer studied a group of prostitutes of low economic status in Pumwani, they noted an increased use of condoms as a result of the AIDS scare.

The Pumwani slum was selected for its own uniqueness: with a geographic area of less than one square mile, the slum houses 600 prostitutes who charge as little as Sh5.40. According to the research, each woman averages about 1,000 sexual partners a year.

Coming close on the heels of the Papal statement was the disclosure that nearly every minute, somewhere on earth, somebody becomes infected with the Human Immuno-Deficiency Virus (HIV) which causes the deadly disease. But while admitting the importance of public health campaigns, the Pope insisted that the stand against condoms "is not, in fact, a doctrine invented by man. It was inscribed by the creative hand of God in the very nature of human person."

The Pope told participants at a conference on the 20th anniversary of Pope Paul VI's controversial "Humane Vitae" (on human life) that the ban on birth control must be respected because it was divinely inspired.

As expected, there was no consensus. Many Catholics, particularly in developed countries openly defied the ban. Polls indicated that most of them did not feel they were committing sins when they used condoms. But the Pope insisted: "Questioning it (doctrine on human life) is equivalent to denying God the obedience of your intelligence."

"There is no other problem like this one.... There is no precedent and even if we are completely successful in preventing further spread of the disease, you'd still be talking about millions of people dying," says Dr Peter Lamtey of the Family Health International in the United States, the country which has reported the largest number of people with AIDS by far.

Having sent a shiver down many a government's spine, the disease seems to be having a wedge [as published] over efforts to tame it. This is more so in the developing nations where the number of cases per capita is increasing at an alarming rate.

In Zambia, where a stringent blood screening system is ensured by the decentralised blood transfusion services, the fight against AIDS has not been without hurdles. Last May, church leaders described a government booklet, "AIDS Information for Schools", as "permissive" and "offending" and urged it to be withdrawn until suitable changes were made.

In a section called "If you decide to take the risk" the booklet advises students to "sleep only with your permanent girl/boy friend, and make sure she/he sleeps only with you. Do not take any new sexual partners."

Mrs Edith Mutale, the head of the Christian Council's Women Programme said that bit of advice was bound to promote immorality. There was divided opinion. The church-owned NATIONAL MIRROR newspaper called the booklet a "virus...because it encourages promiscuous living among the young." On the other hand, a lengthy editorial in the government-owned daily TIMES OF ZAMBIA said that "the campaign against AIDS should not fail because of crazy clerics."

The debate in Zambia revolved around the use of condoms in preventing the spread of AIDS. As the controversy raged on, the church produced its own booklet which differed sharply with the one produced by the Ministry of Health.

The opposition to condoms was however not based on the Catholic Church's stand on birth control.

"We will not collaborate in the promotion of condoms as a safeguard against contracting AIDS. Condoms are known to have high failure rate in preventing pregnancy. As a protection against AIDS, they are even less effective and those who use them in circumstances where they are exposed to HIV are at a high risk of contracting this deadly disease," said the church. In summary, the church felt that condoms give people a false sense of security and encourage them to continue engaging in activities that they might otherwise have abandoned.

In Kenya, no church has come out as an institution to comment for or against any of the ways the fight against AIDS is being carried out. Despite being in the heart of the so-called "AIDS belt" is Africa, the country's efforts are paying off.

A national Survey on the Effectiveness of Radio as a means of Communication: The case for AIDS Programmes broadcast through the Voice of Kenya, by two masters students at the University of Nairobi indicates that the majority of Kenyans are aware that AIDS exists.

Though only a pilot survey with a sample of 526 respondents, the research by John Muturi and Solomon Nzyuko is an eye-opener to those involved in the fight against AIDS. Kenya's success may be attributed to the

rapport between those fighting AIDS and other institution. However, it seems likely that with the Papal statement and reports of socio-theological controversies, the church in Kenya could be forced to review and make clear its stand. What comes from Muturi and Nzyuko's study is reflected by the research carried out in Pumwani. The two, despite saying that 63.8 per cent of Kenyans have changed their lifestyles as a result of the disease, argue that awareness and practice do not go together. In Pumwani, free condoms were distributed to the twilight girls on demand. After some time, a significant spill-over on the use of condoms from the group was noted with the increase of awareness.

"Unless the Catholic Church provides an equally reliable alternative, most people will not be influenced by the Papa view on condoms," Mr Michael Munoru, a 26-year-old banker says. "Kenyans were already beginning to feel comfortable with the condoms in the absence of a cure for AIDS."

He is of the view that "we are fighting against a deadly disease. We are not trying to prevent conception."

A Catholic priest declined an interview but said "there isn't enough information on which to work on," said he hoped that the (Catholic) church would come out with clear guidelines on the issue. "However, I have the confidence that the Pope is not the sort of person who makes unreasonable and hasty decisions."

While it is felt that the Protestant Churches will come out against the Catholic Church as they have agreed to differ on matters concerning family planning in the past, no Church has outrightly stated its stand. One church leader however indicated that it would take time for them to discuss and finally come out with a concrete statement. "In the mean time, we have to wait and see."

LESOTHO

Five Die of AIDS Nationwide Since 1986
54000049c Maseru LESOTHO TODAY in English
8 Dec 88 p 3

[Excerpt] A nationwide public awareness campaign on the fatal disease, Acquired Immune Deficiency Syndrome (AIDS), was launched in Lesotho last week to mark December 1, the day designated by the World Health Organization and the United Nations, as World AIDS Day.

With an AIDS vaccine estimated to be at least five years away, and hopes to find an AIDS cure are still in the uncertain future, almost 130,000 cases of AIDS to date have been reported to the World Health Organization by 142 countries, while at least five to ten million people worldwide, are estimated to be infected with the AIDS virus HIV.

In a statement broadcast on Radio Lesotho to mark the occasion, the Minister of Health Dr S. T. Makenete, said the fact that it can take up to five years before an HIV infected person is diagnosed, indicated that the figure could be more than double.

Dr Makenete said it was lamentable that many people still believed the disease to be non-existent in the country, a myth which recent studies of the situation in Lesotho have greatly disproved.

In Lesotho alone, five patients have died from AIDS since the launch of a campaign against the disease in 1986 all of whose contacts with the exception of one, have not been established. Apart from two contacts of one of the deceased, two other people have been diagnosed as HIV positive after blood screening tests by the Blood Transfusion Services.

In the absence of any cure for the disease, it is evident that prevention is the only way in which the spread of AIDS can be controlled, the Minister said.

Warning the public against promiscuity, the minister said, only sticking to one sexual partner, avoiding casual sex or sexual relations with strangers can people reduce the risks of contracting AIDS. Dr Makenete said women in particular had the key to the prevention of AIDS. [passage omitted]

SOUTH AFRICA

Closing of Borders Recommended To Stop AIDS
Pretoria DIE AFRIKANER in Afrikaans
7 Dec 88 pp 3, 11

[Article: "South Africa Will Have To Close Its Borders to Black Trade"]

[Text] Experts warn that if South Africa continues to consider itself a Third World country and to combat AIDS as halfheartedly as do the actual Third World countries, a national disaster will be unavoidable. Our borders with the Third World nations of Africa will have to be protected against carriers of AIDS, and provision must be made for the costs of an AIDS program.

Not checking this disease at the borders may perhaps be more expensive than the [military] defense of the nation's frontiers. In the United States, where 1.5 million Americans, chiefly Negroes, are presently infected with AIDS, the AIDS epidemic will run as high as 130,000 million rands a year in hospital and other costs. With all the Third World policy of its present government, South Africa simply cannot afford to try to check AIDS anywhere else than on its own borders.

We are being told that South Africa must realize that it lies directly in the path of southward expansion of the AIDS epidemic. The expansion is taking place with such alarming rapidity that South Africa, with its enormous black population, may easily be overwhelmed.

Two factors promote the spread of the disease. The first is the black culture, which especially in the rural districts includes many practices that treat sexual intercourse within the extended family as normal under certain conditions. Mr Stan Schoeman of the Africa Institute attaches great importance to that fact. He suggests that the blacks in South Africa must be persuaded to change their tribal practices. Others believe that it is clearly too late for this.

The second is the traffic routes, where black truck drivers and local prostitutes contribute to a much more rapid expansion of AIDS in Africa.

In a recent book on this subject, Mr Keith Edelston laid a great deal of emphasis on the role of the traffic routes. He warns of the "megacrisis" that is just around the bend. By 1995 Zambia, Malawi, Tanzania and Kenya will already be 70 percent depopulated, he claims.

The South African black population will not escape the epidemic, either. By the year 2000, black population will be down by 15 percent and will ultimately shrink to less than half of the current census figures.

The white population will also be affected, but much less so. The United States, however, will lose the largest part of its Negro population, as well as a portion of the whites in its large cities.

The economic consequences of the AIDS epidemic will strike South Africa later than the other countries. The availability of labor will decrease; but the greatest danger lies in the crippling of South Africa's foreign trade. South Africa must try to become self-sufficient and direct its remaining foreign trade more to the East than to the United States.

There is a danger, as appears from an article in S.A. FORUM by US AIDS research director Chester Nagle, that South Africa will be used by the West to do the dirty work involved in controlling AIDS in Africa. The United States will exert pressure to entice South Africa into a new African Health Union, and its power and financial strength will then have to be spread so thin that it will not be able to protect its own interests adequately. South Africa will have to shut down its borders completely to foreign labor, as well as to black truck drivers and rail personnel. Whatever methods of combat South Africa applies within its own borders, they will be ineffective if the effect on public health of unchecked black commerce across the borders is not brought under immediate control, says Mr Edelston, who discusses at length the economic implications of AIDS for the economy of South Africa.

The American dreams of an African Health Union mandated to prevent the spread of AIDS in Africa and financed chiefly by South African tax money is in any case absolutely unrealistic, because the spread of AIDS in the black nations of Middle and East Africa can hardly be prevented any longer.

The American teams that are investigating the implications of AIDS in Africa have themselves come to the conclusion that the shaky national administrations in those countries will disintegrate within a short time. They say that in the Zambian civil service, symptoms of the mental retardation that is one of the marks of AIDS are already appearing. They expect that the existing black African nations will break up into their tribal components and will return to the primitive African culture.

Instead of trying to perform the hopeless task of preventing the spread of AIDS, South Africa must use all its available power to protect itself, say the experts.

SWAZILAND

Healers Accuse Doctors of Hiding Facts on AIDS
54000049a Mbabane THE TIMES OF SWAZILAND
in English 28 Dec 88 p 2

[Article by Boyce Fakudzle]

[Text] Traditional healers have accused Western doctors of hiding facts about AIDS.

This was claimed by Swaziland Traditional Healers Association President Nhlavana Maseko, who has recently returned from a one week seminar for traditional healers held in Zambia.

Maseko said that the traditional healers participating at the seminar felt that since it was discovered that AIDS is incurable, there has been lack of openness about some of the facts on the part of the modern medical world.

He said an example of this was that the origins of the disease were still not known.

He said that they feel that all the information that has been given about it has been misleading and inadequate.

"It has been said that AIDS was caused by homosexuals having sexual contact with an infected person and even some animals have been reported to have the disease," said Maseko.

He said that the healers declared that they were tired of being segregated by medical doctors in the global campaign against the spread of AIDS and had consequently resolved that they must not commit themselves to the struggle against AIDS until their profession is recognized by these medical doctors.

He said that doctors have always asked if traditional healers can identify symptoms of AIDS, heal or prevent it. He said the healers, for their part, have also asked the doctors to tell them what AIDS is, and where it originates.

He said that according to the healers, although the name of the disease is new, the disease has been known to be incurable for a long time.

He said that healers also wonder why they are not shown the victims so that they can make diagnoses. He also said that they must be given an opportunity to start their own research on the killer disease.

ZAMBIA

Nationwide Information Campaign on AIDS Signals Policy Change
54002454 Copenhagen BERLINGSKE TIDENDE
in Danish 1 Dec 88 Sect III p 1

[Article by Merete Holm and Hans Lind: "Drums and Theater in Zambia"]

[Text] Street theater is one of the more effective campaign tools in Zambia, where the AIDS virus is flourishing. This African country saw the handwriting on the wall a long time ago, but now a nationwide offensive will call for the use of condoms, even though the concept of contraception is against the teachings of the church.

Zambia, like a number of other African countries, is changing its approach to the HIV/AIDS epidemic. The country has recognized the enormous extent of the problem and, together with WHO, the United Nations World Health Organization, Zambia has developed a 5-year plan for informing its nearly 8 million inhabitants about the disease.

The AIDS program, which will continue until 1992, will cost \$13 million. A number of Western countries, including Denmark, will contribute toward this sum.

But despite an official AIDS plan and increasing openness on the part of officials, the subject is still highly sensitive. To be sure, the Zambians feel that AIDS is an extremely urgent issue, but from there to launching a campaign such as the "Think about it—Use condoms" campaign in Denmark, is almost as far as the distance between the two countries.

The WHO coordinator of the AIDS program in Zambia, Dr Eric van Praag of the Netherlands said:

"AIDS is a hot topic in the West, but it is extremely sensitive here. The government believes we are exaggerating its seriousness and putting pressure on them. As a result, they are hesitant to indicate the extent of the

disease. Only privately do officials dare express their concern. Almost everyone has now lost an acquaintance or family member to AIDS."

"But now something is being done. Local AIDS committees have been set up throughout the country. Posters have appeared in airports, train stations, and public buildings. I hope that within 1 year we will have reached the point at which they will also appear in bars, busses, and taxis."

"The posters are of such good quality that they are often removed and put up in people's private homes," van Praag said.

"Our strategy is to start as many local activities as possible. Half the country's people cannot read, so the message must reach them through their ears."

"In recent years, radio and TV have had programs about AIDS, but after the recent privatization of the country's only TV station, the problem is to obtain funding for commercials about HIV/AIDS."

"Our strategy is to proceed slowly. It is better to begin small and make sure the individual educational projects get off to a good start."

Condoms May Rot in Warehouse

"The Americans just sent over 100,000 condoms to Zambia," Eric van Praag said. "The Zambians have heard of condoms, but it is extremely difficult to convince them to use this form of contraception. As a result, the condoms will probably sit in a warehouse and rot."

"At present, condoms are dispensed mainly at family planning clinics. Soon, however, we hope to introduce and distribute condoms throughout the country. First, we must guarantee a steady supply and an organized form of distribution."

"On World AIDS Day the first poster on the use of condoms will be presented," Eric van Praag said.

Church Opposed

But this was not to be. At the last moment the Health Ministry chose to stop the condom posters. This shows how sensitive the question of contraception still is in Zambia.

"Another problem in the use of condoms is that the churches are against contraception. And condoms also

cost money. The average Zambian simply cannot afford to buy condoms at their normal price."

"Even though several pharmacies already sell condoms at an artificially low price (0.25 Kwacha or about 25 ore), very few Zambian men buy them. We are working on plans to distribute or sell condoms through health clinics, bars, and local centers."

"At present, however, it is more important to make HIV/AIDS a part of the educational system, among health care workers and in the schools."

Eric van Praag said that money was rolling in from Western donor countries.

"But we must be patient, so that the Zambian authorities can put their stamp on the program. Zambia must have time to develop a national AIDS policy. Without reasonable cooperation, our efforts will be in vain," said Eric van Praag, who is in the midst of setting up the WHO AIDS program in Zambia.

Only One Disease

The country's Health Ministry is unwilling to provide much information. Dr L. Chiwele, coordinator of the ministry's AIDS effort, granted an interview only with great reluctance.

In an hour-long conversation, he managed to avoid giving any specific information on the extent of the HIV/AIDS problem.

"The AIDS problem in Zambia is nowhere near as alarming as it is in the United States." "We give all the statistical information to WHO." "I do not believe Zambia will reach the point of having a half million AIDS victims, as Western experts predict. We will fight AIDS in the same way and to the same extent we fight other diseases." These are some of Dr Chiwele's views.

To a more general question, however, his response was less one-sided.

"We have a number of other serious diseases, such as malaria, diarrhea, and tuberculosis, each of which costs many lives. For this reason, the battle against AIDS must be part of our overall health care program. We cannot use all of our resources on HIV/AIDS alone."

"We must make sure that AIDS victims are not isolated and treated like lepers. A condom campaign is not the most important thing, since only a small group of people even know how to use them. The main thing is to get people to stop having sex with many partners," said Dr Chiwele of the Health Ministry.

Beijing Official Says Spread of AIDS Impossible To Stop

54004002 Hong Kong *SOUTH CHINA SUNDAY MORNING POST* in English 3 Dec 88 p 8

[Text] A health official in Beijing has warned that it will be impossible to stop the spread of AIDS in China because of the country's open door policy and steady increases of premarital sex and of prostitution.

"It will be impossible to stop transmission of the AIDS virus in China and the only measures we can take now (are aimed at trying) to limit its spread," said Mr Zeng Yi, the deputy director of the Chinese Academy of Preventive Medical Science.

Because of the open door policy, which began in 1978, many foreigners have travelled to China, which was previously shut off to much of the outside world, he said.

China has only seven carriers of acquired immune deficiency syndrome (AIDS), which is transmitted through the exchange of bodily fluids and attacks the body's immune system.

It blames blood imports for the AIDS cases and also accuses foreigners for a resurgence of venereal diseases, which were officially eliminated in the 1960s.

The import of blood products was banned in 1984.

"AIDS will not be transmitted in China in the future by contaminated blood products imported from abroad, but by heterosexual contact," Mr Zeng warned.

Chinese lifestyles are changing and the younger generation is engaging in more premarital sex, Mr Zeng said, acknowledging also that there was a large underground market for prostitution, although it is banned.

"There are some changes going on in China and in the future we will have our own cases of AIDS that are not caused by imported blood products," he said.

"AIDS will be transmitted continuously in China in the future, but it is unlikely that it will spread as fast as it has in Africa or the United States," said Mr Zeng, who is also deputy director of the AIDS Prevention and Cure Group of the State Hygiene Bureau.

Chinese officials recently revealed that serum tests conducted on 67,200 people turned up 21 AIDS carriers, including three suffering from the full-blown disease. The 3 sufferers and 11 of the carriers were foreigners who have since returned home, they said.

All foreigners who plan to reside in China—except diplomats—must now take an AIDS test.

The Government has set up a national AIDS surveillance centre with 16 subordinate stations in major cities for treatment and prevention of AIDS and venereal diseases.

The country, however, has been almost free of the disease, with only three reported deaths so far—an Argentinian tourist in 1985, a Hong Kong cook last year and a Chinese hemophiliac who caught AIDS from a contaminated transfusion of imported blood.

Beijing observed World AIDS Day on Thursday by sponsoring an exhibition presenting the history, current trends, symptoms and preventive measures of AIDS and venereal diseases through pictures and videos.

Consultations with experts will also be available during the two-month exhibition.

Anti-AIDS Medicine Ready for Export

HK0902134189 Beijing *CEI Database in English* 9 Feb 89

[Text] A new Chinese medicine capsule called "zheling" [spelling as received] which can alleviate or prevent AIDS is now ready for export.

The Zhejiang International Trust and Investment Corporation (ZITIC) is entrusted by the producer, Xinchang Number One Medicine Plant, to take charge of export trade.

ZITIC is now finding a sales agent abroad to take care of export.

Zheling is prepared from traditional Chinese medicine and is prepared in capsule form. It can restore "qi" and strengthen body resistance, thus alleviate or block the expansion of virus infection.

Schistosomiasis Strikes One Million People in South

54004001 Hong Kong *HONG KONG STANDARD* in English 4 Dec 88 p 2

[Text] A rising epidemic of schistosomiasis, a parasite-caused disease that attacks major organs and the nervous system, has struck more than 1 million people across southern China, a news report said yesterday.

Officials from the Ministry of Public Health blamed a cut in funds and research for the return of so-called "snail's disease," which had been virtually wiped out in China.

A chronic, usually tropic disease, schistosomiasis is contracted by washing or swimming in water containing snails.

Henan Employs New Immunization System for Children

OW0102083489 Beijing XINHUA in English
1509 GMT 31 Jan 89

[Text] For a ten-yuan insurance premium, children in China's Henan province can enjoy seven years' immunization service, according to officials of the provincial health department.

Parents of children under seven years of age sign contracts with medical care departments which offer seven years of inoculations for their children.

So far about 6.3 million children have enjoyed the service and the incidence of such infectious diseases as measles, poliomyelitis, pertussis, diphtheria has greatly declined.

In the past few years, the inoculation work has been performed solely by epidemic prevention stations, but they have not had enough personnel to treat every child.

The new system was initiated in the province's 110 counties and towns in 1987 and has since spread through the whole province.

The insurance premium not only meets the cost of inoculations, but also pays the doctors who do the work.

Three Major Killer Diseases Named

54004004 Hong Kong SOUTH CHINA MORNING
POST in English 20 Dec 88 p 6

[Text] Heart attack, cerebral vascular and malignant tumor are the three major killers in China, according to a just completed eight-year inspection on 1 percent of the Chinese population. The inspection also reveals that contagious disease is the seventh killer and its incidence is high among children and young people, thus greatly affecting the life-span of the Chinese people. According to inspection data, the life expectancy for males and females living in urban areas should be 72.25 and 75.14 years respectively, and for those living in countryside, 68.27 and 71.95 years. Co-sponsored by the Chinese Academy of Preventive Medical Sciences and Epidemic Prevention Stations in 29 provinces, municipalities and autonomous regions, the inspection work was started in 1980.

INTER-ASIAN

Health Authorities To Plan Common Strategy on AIDS

54004003 Hong Kong SOUTH CHINA MORNING
POST in English 14 Dec 88 p 6

[Article by Mary Ann Benitez]

[Text] A meeting between health authorities from Hong Kong, China and Macau aimed at formulating a common strategy against Acquired Immune Deficiency Syndrome (AIDS) is being planned for early next year.

The talks will be the first time Asian countries with common borders have discussed AIDS and the first time Chinese officials have hosted international discussions on the virus.

Dr Arturo Reyes, consultant for the World Health Organisation Western Pacific Region's communicable diseases program, said the meeting would probably be held in Shenzhen next month.

Dr Reyes said the increased trade in Guangdong's border towns would lead to an increase in prostitution and the threat of AIDS.

A World Health Organisation (WHO) team is in China to pave the way for the meeting, which was requested by Chinese health officials.

The team is also reviewing laboratory facilities for detecting the AIDS virus and training programs for epidemiological studies of AIDS infection.

Dr Reyes said: "We were requested by the Government of China to look at their facilities with the end in view of how to strengthen them. They may need some training courses.

The Chinese are interested in having a course on epidemiology on AIDS and virus infection because they want to strengthen the knowledge of the local people."

The meeting will also cover sexually-transmitted diseases, which are on the increase in the area.

Dr Reyes said some arrangement for instituting an AIDS surveillance mechanism and exchange of information could be established to stem the spread of AIDS in the three territories.

The Medical and Health Department has diagnosed 15 AIDS patients and 113 carriers in Hong Kong since screening began in 1985.

China has only confirmed three cases of AIDS since the virus was identified in 1981. One of these was a Hong Kong cook who had lived in the United States for several years before dying in Fujian province.

Eighteen carriers have been diagnosed in China, with 14 of them foreigners who were asked to leave the country and 4 Chinese haemophiliacs who became infected with imported blood.

Macau is officially AIDS-free but confirmed that one AIDS case—a European who was asked to leave the Portuguese enclave—has been discovered since screening began in 1986.

Dr Reyes said that while AIDS infection was just beginning in Asia, and there was no evidence the infection had spread to the local population in most countries, now was the time to strike at the disease.

"If AIDS spreads in a developing country, as it has in Africa, it will be a disaster," he said.

The meeting on AIDS follows a WHO-organised meeting on communicable diseases between Hong Kong, Macau and China in March this year at the height of the hepatitis A epidemic.

HONG KONG

AIDS Carriers May Number 40,000

54004005 Hong Kong SOUTH CHINA MORNING
POST in English 7 Dec 88 p 3

[Article by Tad Stoner]

[Text] The number of Acquired Immune Deficiency Syndrome (AIDS) patients would reach 400 and more than 40,000 people could become carriers in five years, if the spread of the deadly virus is not controlled, the head of Hong Kong's AIDS Counselling and Health Service said yesterday.

Dr E.K. Yeoh, consultant physician to the Medical and Health Department, told a business seminar yesterday that without responsible individual action and a non-discriminatory attitude that would encourage carriers to accept counselling, the numbers of those affected by AIDS would rise, affecting the entire community.

"In countries with a considerable number of cases, AIDS is no longer solely a medical problem.

"The social, economic, legal and ethical impact has become increasingly apparent," Dr Yeoh said.

The epidemic proportions of the virus had fuelled hysteria and misunderstanding, which could be countered only by careful education and the co-operation of community and government organisations.

"AIDS is not a highly infectious disease," Dr Yeoh said.

"The reason it has become a deadly epidemic is because of its long incubation period of up to 10 years. During this interval, the infected individual's immune system functions normally...(and) by the time he has progressed to AIDS, he would have transmitted the infection to many individuals."

The seminar, which drew more than 100 people to the Furama Hotel, was organised by the Medical and Health Department, the Federation of Hong Kong Industries,

the Chinese Manufacturers' Association, The Chinese General Chamber of Commerce and the Hong Kong General Chamber of Commerce.

Dr Yeoh, pointing out that the age range of those most at risk from AIDS was similar to that of the working population, called on the business community to help with AIDS prevention and prepare to face such problems as the continued employment of carriers.

INTERNATIONAL

Goal of Eradication of Infectious Diseases Described

Inter-Gulf Cooperation Requested
54004513 Kuwait ARAB TIMES in English
31 Dec 88 p 5

[Article by Lima al-Khalfawi]

Excerpts] The problem of AIDS is not alarming in the Gulf states although there is an upward trend, according to Jawad al-'Uraydi, the Bahraini health minister, who left on Thursday after attending the 26th meeting of the Gulf Health Ministers Council.

He said that the Gulf states share information about AIDS and its carriers and exchange reports with other Gulf states to check its spread.

Al-'Uraydi felt that, although there was complete co-ordination in health services between Kuwait and Bahrain, other Gulf states lack such co-operation.

He advised the Gulf states not to be selfish in extending medical co-operation to neighbouring states. He added that if one state has good facilities for treating a certain disease or illness another state should avoid building similar facilities so as to avoid duplicity and save money. Gulf states should be able to help one another by unifying efforts in exchanging medical expertise, visits and treatments.

The official, taking Kuwait's Cancer Centre's doctors as an example of such co-ordination said that the doctors go to Bahrain, accept patients and give them appointments for necessary treatment in Kuwait.

On his visit to Faw, the minister said he supported the idea of opening a medical centre there considering that Faw is a symbol of sacrifice.

The Bahraini health minister said that malaria was completely eradicated from most of the Arab states except in some parts of Oman and South Yemen. The follow up in eradication is more important to ensure that the disease is checked, he added.

Eradication of Polio Is Goal
54004513 Kuwait ARAB TIMES in English
28 Dec 88 p 4

[Article by Lima al-Khalfawi]

[Excerpts] Kuwait's acting Health Minister, Dr 'Abd al-Rahman al-'Awuadi, pointed out that the Gulf region has made giant strides in fighting the spread of epidemic diseases and hoped that by the year 2000 the Gulf

countries will be among the leading nations to have eradicated polio, at the 26th meeting of the Gulf health ministers which opened at the Hilton Hotel yesterday.

Jawad al-'Haydi, the Bahraini Health Minister stated that the GCC countries should co-ordinate their future health plans in order to avoid duplication.

He claimed "We talk a lot but do little and this must be corrected. Words should be translated into action."

INDIA

Child Prostitution, Sex Tourism Seen as AIDS Threat

54002449 Oslo AFTENPOSTEN in Norwegian
21 Dec 88 p 37

[Article by Nina Bratt: "Indian Sex Slavery"]

[Excerpt] Each year, tens of thousands of children are forced, bought, or kidnapped into sex slavery in India, according to a fresh report from Redd Barna. Between 5,000 and 10,000 little girls are recruited annually into prostitution through forbidden religious rituals. "India is one of the principal countries with which Norway cooperates by providing assistance, and the problem is so extensive that Norwegian authorities must take action," says project leader Ove Narvesen in Redd Barna. He is afraid that India may become a new vacation paradise for Western sex tourists.

According to Narvesen, Indian authorities themselves took the initiative in bringing up this sensitive subject. Among other things, the government has recently been supporting a regional conference on sexual exploitation of women and children in New Delhi. That is the first time the abuse of minors has been discussed openly in India. At the conference it became known that about 400,000 of the country's 1.5 to 2 million prostitutes are minors. Almost all of them are girls.

Organized Business

Many small Indian children are earmarked for prostitution, it says in the report. Poverty, the influence of modern developments, the caste system, and superstition are causes of the extent of the problem. Furthermore, women and children generally have a weak position in Indian society.

In most states, there are organized gangs that kidnap children systematically and sell them for sexual exploitation. The state of Uttar Pradesh is mentioned as the place where about 10,000 minors are taken, in transit, and resold each year.

Neither is it unusual for fathers to sell their daughters to agents of organized prostitution gangs. Child marriage is still widespread. Many husbands sell their young brides to organized sex gangs after first having gained money

from the girls' parents in their dowries. In the towns, many owners of brothels make children castrated slaves. Little girls are kept in captivity until they are old enough to be able to make their debuts—and thus they are forced into prostitution to pay back what they have cost the brothels' owners. Many are addicted to alcohol and narcotics. Captivity ends when the money is paid off.

In some regions, 80-90 percent of the prostitutes are recruited through religious rituals. This tradition, which was prohibited in 1947, is best known as the devadasi system. A devadasi is a young girl—often no older than four or five—who is consecrated to the goddess Yellema. The ceremony takes place in a temple and resembles a usual ceremony. Afterwards, the girl goes home to her parents, where she lives until she is between 9 and 16. She cannot be married off, but she can then possibly be sold at auction as a concubine or mistress. Most of them are bought by property owners. After a few years they are resold or thrown out. Over 90 percent of the devadasis become prostitutes.

Causes

It is primarily children from the poorest families that end up in prostitution. Urbanization, tourism, and the expansion of pornography, plus deliberate investment in the prostitution industry, are cited as causes. Investigations indicate that there probably are about 5 million children of streetwalkers in India. Almost 100 percent of them follow in their mothers' footsteps—girls as prostitutes, boys as pimps.

The caste system and superstition also play big roles. Most of the children who are exploited come from low castes or are without caste. Many girls become devadasis because they have some handicap or another or there is something special about their appearance, such as an unusual color of hair, for example. Such things may be interpreted as signs that the goddess is calling the child to herself. Furthermore, many parents believe that they will have a better chance of having boys later if they give a girl child to Yellema as a gift.

The Matter Is Urgent

Although India has been spared the worst effects of Western sex tourism to a great extent, many people now are frightened by developments on Goa. Both Indian and foreign holiday agents deliberately put that holiday island on the market as a paradise for lonely, sex-hungry men—an island full of willing young girls. The AIDS epidemic has made traditional "sex paradises" in Africa and the Far East less attractive, and India can come to be a real alternative, Narvesen fears. There are many indications that AIDS is also beginning to spread in India. [Passage omitted].

Medical Research Panel Reports on AIDS

54500050 Madras *THE HINDU* in English
2 Dec 88 p 10

[Text] Screening high risk groups for Human Immuno Deficiency Virus (HIV) infection, that causes the dreaded disease Acquired Immuno Deficiency Syndrome (AIDS), suggests that (a) prevalence of HIV infection even among high risk groups is low and (b) heterosexual promiscuity is the major mode of transmission of HIV in India, according to the Indian Council of Medical Research (ICMR).

Till June 1988, the total number of AIDS cases detected in India is 22 of which 15 are Indians and seven foreigners. The male-female break-up of these is as follows: Indians 12 and three respectively; and foreigners six and one. Countries of origin in foreigners are: the U.S. (2); Switzerland (2), Spain (1); Canada (1); and Kenya (1).

According to the ICMR, eight probable sources of infection have been identified for these 15 Indian cases: blood transfusion in the U.S. (1); blood factor VII infusion in the U.S. (1); homosexual contacts in Germany (1); heterosexual promiscuity in the U.S. (1); heterosexual promiscuity in Africa (7); spouse of an AIDS case (1); blood transfusion in (1); and heterosexual promiscuity in India (including prostitutes) (2). Both the cases in the last category, namely a prostitute from Bombay and another from Pondicherry, have since died of full-blown AIDS. The Bombay case was the first record of heterosexual promiscuity resulting in exposure to the virus. But it has been difficult to determine whether the infection was contracted through contact with Indian or foreign males.

Standard symptoms: All the cases presented with the standard symptoms of history of fever, weight loss and repeated opportunistic infections. Seven victims had neurological/psychiatric manifestations. One foreigner had extensive Kaposi Sarcoma. In spite of supportive therapy two foreigners and 14 Indians died in India. The other foreigners are reported to have gone to their respective countries after symptomatic treatment.

An Indian who had become seropositive following blood transfusion from a seropositive Indian donor developed repeated attacks of opportunistic infections requiring hospitalisation and supportive therapy. He later succumbed to infection, after getting discharged from the hospital against medical advice. The only alive patient with detected case of AIDS in India is that of an Indian businessman who had been heterosexually promiscuous in Central Africa. He is currently being treated for opportunistic infections.

Serosurveillance data for HIV infection in India till April 1988 indicates that a total of 1,03,249 persons have been screened of which 305 were found to be seropositive

yielding a seropositivity rate of three per 1000 population. Of these 305, Indians number 256. The male-female figures for Indians are: 100 and 156 and for foreigners 37 and 12. Of the 49 foreigners, students are 30. From April 1986 the seropositivity rate has roughly remained constant. The largest group of seropositive individuals is that of prostitutes in remand homes which accounts for 95 of the 256 cases. Next in order are heterosexually promiscuous men (66) and heterosexually promiscuous women (57). Interestingly, the number of seropositive homosexual is only one. Blood donors account for five and blood recipients for one.

One of the measures to prevent the spread of HIV infection and AIDS that has been repeatedly suggested within the Indian context is the screening of foreign visitors. But the World Health Organisation has stated that 'HIV screening of international travellers would be ineffective, impractical and wasteful.'

At a consultation of experts of 'International Travel and HIV Infection' convened by the WHO's Global Programme on AIDS in March, 1987 in Geneva, it was concluded that (1) No screening programme of international travellers can prevent the introduction and spread of AIDS; (2) HIV screening programmes for international travellers would at best, and at great cost, retard only briefly the dissemination of HIV both globally and with respect to any particular country; and (3) the diversion of resources towards HIV screening of international travellers and away from educational programmes, protection of blood supply and other measures to prevent parenteral and perinatal transmission, will be difficult to justify in view of the epidemiological, legal, economic, political, cultural and ethical factors mitigating against adoption of such a policy.

Government Forms Plan To Combat, Cope With Polio

54500051 Calcutta THE TELEGRAPH in English
1 Jan 89 p 7

[Text] A nation-wide programme for tackling polio in a concerted way has been drawn up by the ministry of welfare. Besides prevention through wider administration of polio vaccine, the programme will try to help those affected by corrective surgery, distribution of artificial limbs, mobility aids, self employment schemes and job placements.

A scheme for welfare and rehabilitation of polio victims was only recently launched.

India was one of the participants at the Geneva meeting of the World Health Assembly in May which took the historic decision to eliminate poliomyelitis from the planet by the year 2000. One hundred and sixty-six countries participated in the meeting.

About five per cent children used to be immunised for polio only a decade ago but now 55 per cent of children in the developing world receive the oral vaccine before they are 12 months old.

A pilot project, "Operation polio," had already been launched under the new scheme in Tamil Nadu where 3.24 lakh people are afflicted by polio. In one district alone there are reported to be about 32,000 polio patients. Sixty per cent of the 5.41 lakh orthopaedically handicapped persons in the state are polio victims.

The welfare ministry is simultaneously expanding its scheme for assistance to disabled persons to purchase aids and appliances. Even those suffering cerebral palsy will be covered under the scheme.

Last year the ministry distributed aids and equipments worth over Rs 301 lakhs and for the next year it aims to reach the Rs 400 lakh mark. Special efforts are being made to reach the handicapped persons in the rural areas and the public sector Artificial Limbs Manufacturing Corporation is undertaking several camps in villages.

IRAN

Efforts Underway To Determine Number of AIDS Cases

54004705a Tehran KAYHAN INTERNATIONAL
inEnglish6 Dec 88 p 2

[Text] The Health Ministry and medical experts are making a coordinated effort to find out how many Iranians have caught the disease AIDS, a ministry official said.

The Scientific Committee for the Fight Against AIDS had been set up with ministry officials, medical professors, the Blood Transfusion Organization and the Pasteur Medical Institute in Iran.

Deputy health Minister Dr. Aieen told a daily newspaper that three "suspicious AIDS cases" had been discovered but laboratory deficiencies had made it impossible to determine for certain whether they had actually developed in disease.

"At the moment a clear or precise figure does not exist but our plan is to gather statistics from the groups who are in most danger and I think we can have a precise number in a year," he told the daily KAYHAN.]

Health Minister Ali Reza Marandi had said in an AIDS conference in Tehran Saturday that some cases of the disease had been discovered but did not specify.

Dr. Aieen said AIDS (Acquired Immune Deficiency Syndrome) was a "potential threat" in Iran and travelers from abroad, especially from the United States, Europe and Africa were the greatest source of worry.

"The only solution is to educate the people and completely explain the situation to them. The mass media, in particular the radio and television have a very important role in this regard."

He said some sections of the mass media had not cooperated to the extent that they should have.

Two of the suspected AIDS patients had been given imported blood products before 1985 when proper screening was not applied. Another possibly caught AIDS after a blood transfusion abroad.

Dr. Aieen said after 1985 imported blood products came from reliable sources recommended by the World Health Organization.

Child Vaccination Plan Called Successful
54004705b Tehran KAYHAN INTERNATIONAL
in English 18 Dec 88 p 2

[Text] A nationwide child health campaign to vaccinate under-one-year-old rural and urban children has been "highly successful", Health Minister Ali Reza Marandi said.

He said results not complete but 89 percent of urban children and 97 percent of rural children in that age group received bacille calmette-guerin (BCG) injections against tuberculosis.

Some 89 percent also received 'triple antigen' injections—one injection for triple protection against whooping-cough, tetanus and diptheria—and 88 percent were vaccinated against polio.

Many over-one-year-old children were vaccinated during the health mobilization plan that was implemented in three stages, the minister said.

During the plan mothers were vaccinated against tetanus and informed of the advantages of breast-feeding, Marandi said.

PAKISTAN

Commentary Calls for New Health Policy
54004704 Karachi DAWN in English 15 Jan 89 p 7

[Article by Mushtaq Ahmad: "Reorienting the Health Policy"]

[Text] With her study of comparative government, history of political thought and the experience she has gained in waging a successful electoral campaign, the Prime Minister has a rare opportunity of crystallising the political process, which has for long been in a state of suspended animation.

The issues for the Prime Minister to tackle are too many.

Economic development even in a politically backward country is now taken for granted, but germane to the working of a democratic system, is the rapidity of development in the social sector. Pakistan can lay no specific or special claim to an achievement in this field despite all the sermons we have heard from successive governments on their commitment to a welfare state.

What can, in the final analysis, sustain and enhance the allegiance of the masses to the government is its ability to produce a visible and continuing impact on their lives.

The burden of responsibility could be greatly eased if the problems of poverty were effectively solved. It is a Herculean task for any government to accomplish in a short span, however well meaning and well disposed it might be towards ameliorating the lot of the people.

Because of the political compulsions that act as a brake on effecting a revolutionary change in the economic organisation, the government should aim at the possible changes, in areas where the need is most compelling. Among them health, education, housing and labour have a top priority. It is a tragic misfortune of this country that on the health of the society only a tiny fraction of the nation's wealth is spent out of the federal and provincial revenues. A meagre allocation for the health services in the public sector, and the amassment of wealth in its private counterpart, is a contradiction that must be resolved by a bold and determined assault on the vested interests in the Ministry of Health and the public hospitals, the private hospitals and their proprietors, whether professionals or entrepreneurs.

Pakistan would still be desperately short of adequate health services for its disease-ridden population if all the hospitals, public as well as private, were accessible to the entire population. The profit-motivated one-third of the health sector is beyond the reach of the multitude which is not able to foot the doctor's bill or the hospitalisation charges. In the mismanaged overcrowded public hospitals where the patients are treated more like unwelcome solicitors in search of charity than as respectable citizens in need of treatment. The patients deserve a better deal, no matter what their income or status in society is. The pain of humanity being everywhere the same, in the dispensation of relief the administration can make no distinction between man and man.

Even in the United States where medical aid is supposed to be the costliest in the whole world, the privately sponsored Health Insurance Scheme, the Blue Cross and the Blue Shield, take care of the health hazards to which the population is exposed. In England under the Health Insurance Scheme introduced by the Labour Government, the State has assumed the responsibility of providing protection against the risk. Our per capita income of \$400 is ludicrously low compared to the \$14,000 of the United States. While we have in the upper income brackets a class whose per capita income is comparable to the American standard, the teeming millions in the

lower income brackets are susceptible to disease of every description, including heart ailments and cancer. The unfortunate are not few. The whole society barring the affluent segment, being vulnerable, cannot be left to fend for itself without inviting a catastrophe of unimaginable magnitude unless the government moves rapidly to bring a runaway situation under control through a comprehensive health policy which has often been promised but never sincerely planned or implemented.

[Boxed item] A major breakthrough in the health sector is not possible unless old attitudes are altogether abandoned, and new instruments are forged for a frontal attack on a problem which has never been thoughtfully tackled because of various impediments.[end boxed item]

In the health sector as in every other sector, the government of General Zia-ul-Haq had placed its implicit faith on private initiative. A mushroom growth of private hospitals was a logical consequence of a laissez-faire policy. The going was never so good for the medical profession. The multiplication in the number of specialists was accompanied by an unprecedented increase in their consultation fees and surgical charges thanks to the rapid accumulation of wealth in the hands of their clientele. The inevitable concomitant of this development was either the denial of their services to the middle and lower income brackets, or their pauperisation in the bid for survival. Our governments are efficient in maintaining statistics of hospitals, beds and doctors for the purposes of demonstrating the progress the country has made, but have kept no count of the deaths caused by curable diseases for want of medical aid and assistance.

We cannot formulate a health policy on the advice of men who have an interest in private practice. Perhaps no lobby in the world, with the probable exception of the Jewish one in the United States, is more powerful to dictate its terms to the government and stall every move to reorganise and rationalise it. In England it took the toughness and tenacity of Aneurin Bevan to break its monopoly and give the country a nationalised health service of which any nation could be proud of.

In the Third World the medical lobby has found a more fertile soil to strike its roots. Pakistan too is beginning to get a feel of its strength and power. Only last year it was able to get an assurance from the Secretary of Health that the government would call a halt to any further addition to the public hospitals, and leave the private hospitals free to exploit the urban market.

The present government cannot call itself the People's Government if it allows the exploitation to go on unchecked by any State interference. An integrated health service must bring within its purview all the available physical, financial and professional resources, to build a network of public hospitals throughout the country. The patent excuses of all the previous governments for not pursuing a vigorous health policy has been the lack of funds, and an appeal to philanthropy the line of least resistance.

A major breakthrough in the sector is not possible unless old attitudes are altogether abandoned, and new instruments are forged for a frontal attack on a problem which has never been thoughtfully tackled because of the bureaucratic, professional and proprietorial impediments. These must be overcome at any cost. The need for a much larger budgetary allocations can hardly be over-emphasised and even the utilisation of the Zakat Fund which has been frittered away on buying political and electoral support, must be seriously considered. A nation that can afford to spend RS4000 million on drugs and incur a far greater expenditure on the consumption of 45 billion cigarettes year and swallow millions of bottles of soft drinks all of which are injurious to the health, cannot complain of paucity of resources for financing its health services.

The rapid expansion of the hotel industry to which more beds are being added than to the stagnating public hospitals, shows how dangerously distorted is the order of priorities.

The private sector in hospitals does not form part of the industrial apparatus, nor are the doctors members of the entrepreneurial fraternity. Their function has a far deeper social and humanitarian implication to be governed by the laws of the market economy. Even the pharmaceutical industry which has been doing a roaring business, cannot be permitted to operate within its ambit. Even in the neighbouring country which is not free from the malpractices rampant in ours, the cost of consultation, treatment and medicine is not so prohibitive. With no receipts passed for payment and no payments acceptable in cheques either in the clinics or the hospitals, and the prices of medicines soaring skyhigh, its operations come within the ambit of the unreported economy. The association of the professionals in the formulation of the policy is understandable and even imperative, but to let them have a decisive say in it would be like asking the industrialists to formulate a labour policy. In it the vital interests of the whole society are involved, and, therefore, the involvement of the public through their representatives both inside the legislatures and outside, is an essential pre-requisite.

FRANCE

Serious Outbreak of Flu Reported

54002446 Paris *LIBERATION* in French
17 Dec 88 p 20

[Article by Gilles Pial: "39 Degrees C in the Shadow of the Flu"]

[Excerpts] Achoo! The 1988 flu, an extremely precocious and tenacious virus, has already sent 2.5 million French people under their covers. These early figures are already worse than for the entire winter last year. This is a portrait of an epidemic:

Tenacious, precocious, and pulmonary: these are the trends for the 1988 flu. If you follow the very serious criteria for influenzal infections established by the Center for the Control of Infectious Diseases in Atlanta, Georgia, the same institute that established the definition for AIDS, (a sudden rise in fever plus a temperature of over 39 degrees C, plus myalgia, plus respiratory symptoms equals influenza), there are currently over 2.5 million people in France suffering from this disease. The epidemic has already spread beyond the scope recorded for the entire 1986-1987 winter, but the extent of its spread is known precisely. Thanks to various marker medicines developed by INSERM, the National Institute of Health and Medical Research, or under the aegis of the Pasteur Institute (GROG or the Regional Influenza Observation Group), the spread of the disease is clearly shown.

11 November 1988: The Epidemiological survey No. 46 of the World Health Organization indicates that influenza virus A (H3M2) was isolated in two patients who contracted their influenza in Holland in mid-October. A few cases were subsequently reported in northern France (Nord-Pas-de-Calais and Picardie) before the virus descended on Paris. By the 49th week of 1988, i.e., from 5 to 8 December, the Ile-de-France region was hit. Only Limousin seemed still to be resisting the virus in this part of France. The disease has continued to spread and has already broken a few records. First, the epidemic began this year 6 to 13 weeks earlier than in previous years. Second, the number of officially recorded weekly cases as of 9 December was already higher than the maximum number recorded in recent years. As Dr. J. Menares (INSERM Unit 263) pointed out: "This precocity does not necessarily imply virulence. It is difficult at this point to predict the total spread of this epidemic. At the moment the maximum level has not yet been reached. We are merely observing that the level is still climbing." Another surprise for epidemiologists is the age distribution of people infected with the virus. Paradoxically, this year's influenza has affected the 0-17 year age bracket more frequently than the 18-64 age group (11.5 percent as compared to 6 percent).

There is only one explanation for this: the immunity "memory" shown by older persons for a group of influenza viruses already widely reported in previous years

(virus A H3M2, virus A H1ME, and the syncytial respiratory virus), in contrast to younger people. The influenza vaccine—6 million people were vaccinated against the viruses isolated this year—could also explain these differences, since the vaccine is free for all people over the age of 70.

By way of comparison, INSERM pointed out that in 1986-1987, influenza syndromes officially affected 2.9 million people in France and caused 11.6 million missed work days in the country. In 1985-1986, the figures were higher: 5.9 million people with influenza and 21.5 million days spent in bed. The average time out of work was about 6 days.

From a geographical standpoint, the map showing the spread of the epidemic today is sobering. The regions most heavily hit as of 11 December 1988: Brittany (59 cases for every 1,000 inhabitants), Picardy and Upper Normandy (46 cases for every 1,000 inhabitants). Limousin, for no clear epidemiological reason, comes in last with only one case for every 1,000 inhabitants. [Passage omitted.]

National Agency Established To Fight AIDS

Coordinating Unit To Brake Epidemic

54002460a Paris *LE MONDE* in French 19 Jan 89 p 14

[Article by Jean-Yves Nau: "The Government Is Creating a National Agency To Fight AIDS"]

[Text] At the end of an interdepartmental meeting held on Tuesday, January 17, the government reached a decision to create a national agency to combat AIDS. This agency, which has been placed under the direction of Mr. Claude Evin, Minister of Solidarity, Health and Social Welfare, will have responsibility for coordinating all activities undertaken to stem the spread of the epidemic. The name of the director of the agency will be made known in a few days, as will the composition of the National Council on AIDS. In a few days Mr. Evin will also present a specific anti-AIDS action program of the various ministries concerned with this new disease (Justice, Interior, Education, Defense, Labor etc.

An Independent Moral Authority

"In practice," says a source at the Ministry of Health, "this national agency for combatting AIDS will ensure coordination of the activities of the various ministries concerned. Its management and staff will be appointed within the next few days. Funding for it is expected to be at the level of 30 million francs. This agency, which is being put under the responsibility and authority of the Ministry of Health, will also have responsibility for health education and the acquisition of scientific and non-scientific information. It will also be responsible for relations with the body coordinating research on this illness, led by Professor Jean-Paul Levy, as well as with the National Council on AIDS." This council, "a moral

authority independent of government entities," will have 25 members. Its chairperson, as well as representatives of cultural and religious groups, will be appointed in the near future by the President of the Republic.

Poll on Compulsory Tracking

54002460a Paris *LE MONDE* in French 20 Jan 89 p11

[Text]

French Favor Compulsory Tracking

According to a poll taken by IFOP [French Public Opinion Institute] for the weekly *Impact Medecines*, 70 percent of the French say that they are in favor of systematic and obligatory tracking of the AIDS virus for the whole population, but more than half of the physicians (52 per cent) are opposed to it. According to the poll, 73 percent of the French would agree to be included—anonously—in the INSERM [National Institute of Health and Medical Research] inquiry records. Sixty-four percent of all the French and eighty-three percent of the physicians are against isolation of those infected. On the other hand, three out of four French people (as compared to 39 percent of the physicians) think that the system of justice should punish a carrier of the virus or a person with AIDS "who knows he has it and does not take precautionary measures with regard to others."

Tuberculosis Still Affecting Large Numbers

54002460b Paris *LE FIGARO* 18 Jan 89 p 12

[Article by Dr. Monique Vigy: "Tuberculosis Forgotten Too Soon"]

[Text] In more than one respect a lesson is furnished by the case of a high school in Besancon. The students and teachers there are now undergoing tuberculin testing because a teacher afflicted with a serious form of pulmonary tuberculosis was able to bestow the Koch bacillus on her pupils together with their English course (yesterday's editions).

This lesson, which reminds us that tuberculosis has not disappeared in France, also shows that a young woman may go about, have a professional life and be in contact with children despite her having "a serious form of pulmonary tuberculosis" which had not been diagnosed. Nor had it been treated—although antibiotics could have rendered the sputum non-infectious and there would not then have been any need to subject the whole school to the subcutaneous tuberculin testing which is going to last until February 21.

Tuberculosis has not disappeared. The number of cases reported to the Director General of Health and published in the *BULLETIN EPIDEMIOLOGIQUE HEBDOMADAIRE* (BEH) [Weekly Epidemiological Bulletin] reaches about 10,000 annually. An illustration of

this is the 8,836 cases reported during the first 51 weeks of 1988 (reporting involves some lapse of time). The corresponding figure for 1987 was 9,790 cases.

Considerations of Nationality

The difference between these two consecutive years is not enough to permit us to conclude that there was a decline in 1988. But the data for these past two years do show that the rumors about an increase in the number of cases of tuberculosis, an increase attributed particularly to AIDS, are without foundation. Of course tuberculosis is one of the numerous infections which can complicate AIDS because of the weakening of the immune system which characterizes the disease. But looking at the figures, one cannot but conclude that the number of cases of tuberculosis occurring annually remains the same.

A study published very recently (BEH No. 50, 19 December 1988) on tuberculosis in Paris takes note of an increase relative to the preceding year—1,227 and 1,195 cases, respectively. But the editors of BEH emphasize that while in New York a net increase in tuberculosis cases occurring with AIDS among men 25 to 44 years old has been observed for several years, in Paris no increase has been observed in that age category.

Clinical Symptoms

In the epidemiological study regarding Paris, a very uneven distribution of tuberculosis is found relative to geographical origins. In the Paris study, 58 percent of the cases involved foreigners; in a slightly older study regarding the whole of France (published in BEH No. 39 of 6 October 1986), considerable differences were found relative to nationality.

As examples, there were 1.64 per 10,000 for the French; 9 to 10 for Tunisians, Algerians and Turks; and 20 to 21.8 for Moroccans and persons of black African origin or from Southeast Asia. The authors of this study comment that immigrants may combine various risk factors that are cumulative—epidemiological factors in the country of origin, lack of social insurance, life in a group, and poor living or housing conditions.

They add, however, that the various groups at risk do not represent a majority of the reported tubercular population. Fifty-six percent of those affected are French under 65 years of age who live in apartments or single houses and benefit from Social Security.

The Besancon case is a lesson for an additional reason. Specialists are narrowly focused, while generalists no longer give any thought to tuberculosis. A study conducted a few years ago (BEH No. 39, 6 October 1986) demonstrated that in 80 percent of the cases of tuberculosis studied those affected had, in the three months preceding discovery of the disease, suffered at least one

clinical symptom of the disease (loss of weight, fever, night sweat, fatigue or respiratory symptoms—cough, breathing difficulties, blood in sputum, chest pains).

About half the patients had consulted a physician at least once. In 60 percent of the cases the physician gave another diagnosis. Perhaps that is what happened to the teacher in Besancon.

NORWAY

Policy on Drug Syringe Seizures Eased

54002448a Oslo AFTENPOSTEN in Norwegian
14 Dec 88 p 48

[Article by Torstein Hvattum: "Syringes Will Not Be Confiscated"]

[Text] The police will not be able to confiscate clean disposable syringes from drug addicts any longer. That is what Public Prosecutor Georg Fredrik Rieber-Mohn states in a circular letter to Norwegian public prosecutors.

Rieber-Mohn worked out the new guidelines against the background of the Social Committee's clear signals earlier in 1988 to the effect that addicts who use syringes must have easier access to clean syringes.

The police will continue to have the opportunity to confiscate and seize clean syringes when the individuals who have them are brought in and arrested. Syringes that are taken from individuals who are picked up and arrested will not be returned to them when they are released. Used syringes will continue to be confiscated and seized, as a rule.

"In the work of limiting the spread of HIV infection among addicts and other people, it is very important that several people should not use the same syringe," Public Prosecutor Rieber-Mohn says emphatically. He hopes and believes that a changed confiscation and seizure procedure for the police and the prosecuting authorities will contribute to a reduced spreading of HIV infection in drug addict circles.

Satisfied

Health Director Torbjorn Mork had a meeting with the public prosecutor earlier in the fall of 1988, where precisely the question of changed instructions to the police was discussed.

Mork is satisfied with the new guidelines, which he believes provide the desired solution to the health authorities' dilemma. He is supported by the chairman of the Storting's Social Committee, Gunn Vigdis Olsen-Hagen.

"A change in the instructions to the police does not mean that a liberalization of our policy on drugs is taking place. We are confronted with the task of performing a difficult balancing act, and I feel that the public prosecutor has

recognized the nature of the actual situation in which we have to live. Society must protect itself against HIV infection. To that extent, the new instructions to the police are a step in the right direction," Olsen-Hagen says.

Difficult in Practice

The chairman of the Oslo Police Association, Jon T. Kvikne, has no problem with complying with the intentions of the public prosecutor in the instructions he has issued, but he has doubts about the task of following them up in practice.

"As a rule, our work situation does not permit us to investigate what kind of syringe we are dealing with. I also do not entirely understand why arrested people will not have their clean syringes returned to them when they are released. That part of the instructions seems illogical if the point is that the drug addicts should have access to clean syringes to the greatest possible extent," Jon T. Kvikne says.

Blood Plasma To Be Treated To Ensure Against HIV

54002448b Oslo AFTENPOSTEN in Norwegian
8 Dec 88 p 4

[Unattributed article: "Bleeders Being Secured Against HIV"]

[Text] In 1989, 50,000 kg of blood plasma from Norwegian blood banks are to be sent to France for treatment which will remove possible HIV and hepatitis B viruses. That means that bleeders will be further protected against being given an HIV infection by means of blood transfusions.

Authorities Concerned Over Chlamydia Epidemic

54002448c Oslo AFTENPOSTEN in Norwegian
21 Dec 88 p 38

[Article by Svein Nicolas Norberg: "Venereal Disease Can Cause Sterility"]

[Text] Trondheim—"The chlamydia epidemic is spreading and is in the process of becoming a threat to fertility in this country. The illness results in sterility in many cases, and every third pregnancy outside of the womb is due to an earlier chlamydia infection," says Senior Resident Finn Egil Skjeldestad of the Regional Hospital in Trondheim.

Together with a research group at the Regional Hospital in Trondheim and the Norwegian Institute for Hospital Research, Skjeldestad is now submitting a report that shows a clear-cut relationship between the venereal disease chlamydia and infertility.

"Chlamydia has had an epidemic development in Norway toward the end of the 1980's, and between 30 and 40,000 new cases of the disease are discovered every year. That means that every third or fourth person in this

country will be treated for a chlamydia infection before reaching the age of 30," says Skjeldestad, who thinks that information on the disease from the public health service has not been good.

If this disease is not treated in time, it can result in sterility in women. The fallopian tubes, in particular, are attacked by chlamydia bacteria and the result is infertility or reduced fertility.

PORTUGAL

Measles Outbreak, Lack of Vaccinations Noted

54002458 Lisbon DIARIO DE NOTICIAS in Portuguese 4 Jan 89 p 15

[Excerpts] The measles outbreak which, for reasons not yet completely understood, began occurring in October of last year, has already caused the deaths of two children at the Dona Estefania Hospital since that date.

As DN [DIARIO DE NOTICIAS] learned, although 168 cases of measles have entered the institution during this period, a number higher than that recorded in 1987, the situation does not constitute cause for alarm, and is being properly controlled.

As has been noted, for the present the reasons leading to this increase in measles cases are unknown. However, we must consider the fact that, among certain population groups the vaccination schedule is not adhered to. [passage omitted]

There are frequent campaigns in the press and on radio and television regarding the need to vaccinate children against various diseases, including measles. Nevertheless, there is every indication that a part of the population dissociates itself from these recommendations, and then cases begin to occur. [passage omitted]

This disease had been causing nearly 200 deaths per year in Portugal, children being the greatest victims. After vaccination was begun in 1973, this average declined to 74 deaths per year up until 1977, and to 17 for the 5-year period 1983-1987, thanks to the conscientious, responsible attitude of parents, who realized the benefits resulting from having their children vaccinated against measles. [passage omitted]

SWEDEN

Almost 30 Dead in Streptococcus Wave

Penicillin Limited Help

54002452 Stockholm DAGENS NYHETER in Swedish 20 Dec 88 p 6

[Article: "Streptococcus Spreads Rapidly"]

[Text] Of the approximately 100 specimens taken from patients and personnel at the Allmanna Sjukhus in Stockholm last week, about 60 contained streptococci of the type that claimed 11 victims a week ago in Sweden.

"That is a large number," says bacteriologist Poul Christensen of the Allmanna Sjukhus bacteriological laboratory.

The most recent analyses published in Sweden came from the hospital in Lund in 1976. At that time, only 1.3 percent of throat specimens were infected with streptococci.

In 1987, it was found, in an analysis in Denmark, that 1.4 percent of the specimens taken contained streptococci. The figure rose to 25 percent in Denmark and 80 percent in Norway in 1988.

"We are experiencing a violent augmentation, but it is hard to tell whether or not it is owing to bad luck," Poul Christensen says.

Streptococcus causes sore throat and red spots on the body.

The medical service in Malmo has received visits and telephone calls recently from hundreds of anxious citizens of Malmo with sore throat symptoms. The people who are carriers of streptococci get antibiotics, and so do the members of their families.

Science has been aware of streptococci since the 1920's.

"It is the same kind—T type in Group A—that is occurring now. As a bacteriologist, I absolutely do not believe that the hereditary factors of streptococcus are changing. This is the same old type that we have known as unusually mild up to now, but it has a tendency to become aggressive and can develop many different characteristics that are of importance in producing illness," Poul Christensen says.

Up to now, 11 people have died within a few days in Sweden as a result of streptococcus infections. The corresponding figure in Norway is 21, half of whom were children; and there have been two victims in Finland.

"There is a problem when the disease runs its course extremely quickly. Then penicillin doesn't help."

"The decisive factor is how many streptococci bacteria one has, but the assertion that those who have taken a lot of penicillin in their lifetime will have less resistance than others is irrelevant," says Poul Christensen.

Norwegian Trend Compared

54002452 Stockholm DAGENS NYHETER in Swedish 23 Dec 88 p 6

[Article by Kerstin Hellbom: "Fatal Contagion Will Disappear by the Summer of 1989"]

[Text] At least 131 people have been affected by the dangerous streptococcus infection so far in 1988. Of them, 16 have died. The figures may show a further increase when the State Bacteriological Laboratory

[SBL] compiles the final reports from the hospitals of Sweden. But according to experience in Norway, the contagion will be gone by the summer of 1989.

A week ago, the SBL reported 11 deaths in 1988 up to the present. The fact that the figure has now increased to 16 does not mean that five more people died during the past week, but that reports from the country go to the SBL first. They also show that there are several types of streptococcus in Group A that can produce the fatal infection.

Sore Throat

Streptococci are bacteria that are divided into different groups—Groups A, B, C, D and so on, according to their special characteristics. Group B, for example is found in the vaginas of approximately 60 percent of all pregnant women. Group C produces rapid throat infections in people and is dangerous to horses. Streptococci of Group A are found in approximately 20 percent of those who have sore throats.

The A group is then divided into various types, the first of which (Type 1) was discovered in Sweden in 1926. It is an aggressive bacteria that flourished in the 1930's and lasted until the 1950's, and then disappeared.

That streptococcus group, Group A, Type 1, is considered the most aggressive of the streptococci that are current now. It has sprung up again, probably when it got a susceptible population in which it could run rampant. Statistics show that streptococcus first attacks young people who have not been in contact with it before and consequently could not build up a defense against it. On the other hand, the victims in fatal cases in Sweden were people over the age of 30.

More Violent

"If the bacteria gets to run rampant in a population, it gets up steam after one day and becomes more and more violent. At the same time, a defense develops against it, which means that it goes away quite quickly. That is just what happened in Norway," says Poul Christensen, a senior lecturer in bacteriology at the Malmo Almannasjukhus.

In Norway, streptococcus caused 84 cases of blood poisoning in the first 6 months of 1988. Of those 84, 21 died and an additional 28 required intensive care. No new cases have been observed in Norway since 1 August 1988.

Goes Away Quickly

"We can expect approximately the same development in Sweden. That is, streptococcus will go away by the summer of 1989, but since our population is twice that of Norway, we must expect that approximately 40 people are going to die of it before it goes away," says Poul Christensen.

People who are hit by the dangerous streptococcus infection are not incurably ill as a result. According to Professor Stig E. Holm at the regional hospital in Umea, there is a 90 percent chance that even serious infections will be cured with large doses of antibiotics. But antibiotics didn't work in 16 cases in Sweden.

Small Percentage

"We do not know with certainty why some people die from this infection. Probably certain unique prerequisites are required, such as the absence of antibodies, so that defense against infection is affected, for example. There can also be an immune system deficiency—the same defect that can suddenly give young, strong people fatal infections of the brain," says Prof Holm, who expects to come up in the middle of January 1989 with a better-substantiated report on why streptococcus infection is fatal for some people.

In spite of the fact that streptococcus infection is a serious illness, both Stig E. Holm and Poul Christensen think that there is no cause for panic. Of approximately 300,000 sore throat patients per year, only a small percentage are affected by streptococcus infections. But all sore throats must still be treated with penicillin. The symptoms are pain in the throat, high fever and a very poor general condition.

More Deaths Expected

54002452 Stockholm DAGENS NYHETER in Swedish
11 Jan 89 p 7

[Article by Kerstin Hellbom: "No Sign of Weakening"]

[Text] During December of 1988 alone, 11 people died of streptococcus illness. The so-called fatal bacteria has now caused a total of 27 deaths and there still is no sign that the infection is weakening.

On the other hand, Sichuan influenza has passed its peak, but the danger is still not over. Taiwan influenza is still on the same spot on the border and is trying to get a foothold in Sweden.

Thus, the one epidemic is replacing the other just now. Streptococcus infection has flourished the longest and has afflicted approximately 150 people with sore throats.

Reports to the State Bacteriological Laboratory [SBL] in December 1988 indicate that more than a few people have died from this infection, but that does not necessarily mean that the illness is peaking. It may simply mean that the nation's hospitals have gotten better at reporting deaths.

Experts expect that approximately 40 people will die of this illness before it goes away in the summer of 1989.

No Figures

There are no figures yet on how many people have died of Sichuan influenza; but Senior Lecturer Robert Grundin, who is the assistant to the chief physician at the medico-legal station in Solna, asserts that at least five young, strong people have died. Post mortems are performed at the medico-legal station on all cases of sudden death outside of hospitals.

"We do not know why they die. We also cannot investigate the reason for their deaths since our resources have been sharply reduced," he says.

At the Roslagstull Sjukhus, where inhabitants of Stockholm attacked by influenza go, a couple of elderly people have died of influenza, but no younger ones have died.

Peak Passed

"It is not entirely unusual for young people to die of influenza," says Dr Monica Grandin, at the SBL's virus ward. The Spanish sickness attacked young, strong people primarily in 1918, and that also happened in the case of the Asiatic influenza in 1958 and, to a lesser extent, in the case of the Hong Kong influenza in 1969.

Anyhow, the Sichuan influenza has passed its peak, which lasted for approximately 6 weeks. It was in Stockholm in about July 1988 and somewhat later in southern Sweden, but the number of influenza cases in the entire country has diminished now.

On the other hand, there is a danger that the Taiwan influenza will come. During the summer of 1986, it caused extensive epidemics in Southeast Asia, but when it came to Sweden in 1987 it did not bring about an epidemic. Since then, it has circulated around in Europe, and there are outbreaks in France, England, and Norway just now.

Same Symptoms

"Some isolated cases have now been observed in Umea in January 1989, but it is not entirely certain that the sickness will reach epidemic proportions. Perhaps the mild weather will be able to check it, since epidemics usually spread in Sweden when it is cold and dry. In tropical climates, on the other hand, they spread during the rainy period," Monica Grandin says.

The symptoms of Taiwan influenza are the same as for Sichuan influenza—high fevers, headaches, coughing, and pain in the body. A person who has had Sichuan influenza has not become immune. The antibodies that are formed during Sichuan influenza do not work against the Taiwan virus.

Visitors Banned in Malmo Clinic

54002452 Stockholm DAGENS NYHETER in Swedish
11 Jan 89 p 7

[Text] Still another death has taken place in Malmo as a result of the streptococcus epidemic. This time it was a 70-year-old man who died of blood poisoning after being infected with Group A streptococci. Otherwise, however, the epidemic, which also claimed victims in Malmo earlier, seems to be subsiding. The ban on visitors to the women's clinics in the county of Malmohus will be maintained until further notice. One percent of the patients in the women's clinic in Malmo have proved to be carriers of the dangerous streptococci.

UNITED KINGDOM

Official Reports on Progress of National Health Service

54500046 London THE DAILY TELEGRAPH
in English 9 Dec 88 p 2

[Article by Peter Pallot]

[Text] Numbers of hospital doctors, general practitioners, nurses and dentists have increased sharply in the past 10 years, Mrs Currie, junior Health Minister, said yesterday.

The National Health Service was also becoming much more efficient in the use of resources, she added as she introduced the 1988 health statistics for England.

Between 1976 and 1986, the number of hospital doctors had risen from 36,613 to 43,992 (20 per cent), with consultants increasing from 11,275 to 13,785 (22 per cent).

During the same period, the proportion of female hospital doctors had grown from 19 per cent to 25 per cent and there had been other improvements

—The number of hospital nurses and midwives rose from 355,705 to 406,628 (14 per cent, but only seven per cent after adjusting for reduction in nurses' working hours).

—Family doctors rose from 20,551 to 24,460 (19 per cent) while the numbers on their lists dropped by 13 per cent.

—Inpatient cases treated rose by 21 per cent to 6.4 million.

—Dentists increased from 11,784 to 14,765 (25 per cent).

—Courses of dental treatment rose from 27 million to 32.1 million (19 per cent).

Mrs Currie said the statistics showed the "splendid" results of the Government's sustained commitment to developing an effective modern National Health Service.

"They are excellent indicators of how well the NHS is coping with the country's health needs," she added.

The report showed that the number of cervical smears taken had risen from 2.5 million in 1976 to 3.7 million in 1986, with a 180 per cent increase in the number of positive smears.

Prescriptions dispensed went up by 13 per cent to 335 million.

'One of Worst' Flu Epidemics Reported in Wales
54500047 London *THE DAILY TELEGRAPH*
in English 10 Dec 88 p 4

[Article by Michael Fleet]

[Text] Some schools in South Wales were half empty yesterday as one of the worst influenza epidemics for years swept the region. It began two weeks ago and has quickly spread from West Glamorgan to the industrial valleys and Mid Wales. Some cases are now being discovered in Cardiff and Newport.

As schools reported absence rates of up to 50 per cent, doctors gave a warning that the virus was likely to cross the Severn Bridge and affect parts of England.

"There is no apparent reason for the epidemic," said Dr Stephen Palmer, epidemiologist at Cardiff Royal Infirmary. "It began very suddenly and has spread much faster than usual."

The Type A virus, similar to the Singapore strain of influenza, was particularly infectious for children and young adults, but older people were also vulnerable, he said.

Babies and elderly people were particularly at risk, but the virus was one of those covered by a vaccine available this year.

—Our Medical Consultant writes: No official figures are available to indicate the extent of the epidemic.

Influenza is not a notifiable disease, which makes it difficult to estimate the size of an outbreak.

Government Gives Statistics on Salmonella Deaths

54500048 London *THE DAILY TELEGRAPH*
in English 20 Dec 88 p 1

[Article by David Fletcher]

[Text] Twenty-three people have died in the past 10 months from the strain of salmonella associated with eating eggs, the Department of Health disclosed last night.

The department said that 26 people had died between January and mid-November from salmonella enteritidis. Twenty-three of them were poisoned by type four, the strain of bacterium linked with eggs.

A spokeswoman said: "There is no direct evidence to link these deaths with consumption of eggs, but we must assume some will have been."

The figures were released after earlier denials by Mr MacGregor, Agriculture Minister, of a claim by Prof Richard Lacey, a member of the Department of Health's veterinary products committee, that one person a week is dying as a result of eating eggs—in spite of Mr MacGregor's statement in the Commons yesterday that the "balance of probability" was that a proportion of 26 salmonella cases would be attributable to eggs.

Prof Lacey said last night that the Government's figures were an underestimate and the number of deaths had risen sharply since mid-November.

The latest unpublished figures showed a drop in the number of cases of type 4 since the poisoning scare.

"Figures since Dec 9, when egg consumption fell by half, show that cases of salmonella enteritidis type 4 fell from 300 a week to 170. That seems convincing evidence that it is the organism present in eggs which is responsible for this illness."

Prof Lacey, Professor of Clinical Microbiology at Leeds University, said: "We are talking about a very serious health hazard."